

www.mass.gov/abcc

LICENSE NUN	MBER: 100400005		CITY OR TOWN	PROVINCETOWN
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: JELLYDINQUE NESS A HOT L BAR &			
ADDRESS 350	BRADFORD ST.			
CITY/TOWN:	PROVINCETOWN	STATE: MA	ZIP CODE:	02657
MANAGER:	SANTOS, SHAY T	YPE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR N OF LICENSED PREM	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
ENTRANCE F	IEN FOR FOOD PREP. OR DELIVERIES. OUT D CONSUMPTION EN	TSIDE PATIO AND G	ARDEN TERRA CE	E.OUTSIDE
2. the l	renewed license will be dicensee has complied woremises are now open f	ith all laws of the Com	nonwealth relating to	
SIGNED BY	Individual, Partr	ner or Authorized Corpo	orate Officer	
DATE:			EMBLOVED	DISENTIFICATION NUMBER.
DATE.	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, s	signed by the building	inspector and the head	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belov APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER	R: 100400010		CITY OR TOWN	PROVINCE	ETOWN
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PROVINCETOWN II	NN, INC.			
DOING BUSINESS	A PROVINCETOWN	INN			
ADDRESS 1 COMN	MERCIAL ST.				
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: EVA	NS, EVAN TYPE	OF LICENSE: Ir	nholder C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		_
TWO STORY BUIL ROOM, PORCH CA	LICENSED PREMISES DING LOBBIES INN I FE, PILGRAM POOL I OMS AND ONE CON	PUB, TIFFANY BAR AND GRII	L, KITCHEN, FOU		
 the renew the licens 	swear under penalties of red license will be of the ee has complied with all ses are now open for bu	same type for the laws of the Con	nmonwealth relating t		
SIGNED BY	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE 1	NUMBER:		R IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of liq	ctor and the he	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBE	R: 100400013		CITY OR TOWN	N PROVINC	ETOWN
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BUBUADU REALTY	TRUST & NAJ	AR, INC.		
DOING BUSINESS	A LORRAINE'S CAFE	3			
ADDRESS 133 CO	MMERCIAL ST.				
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: LOR	RRAINE NAJAR TYPE	OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	5 :			
	ITCHEN, STORE ROOI RONT, EXIT RIGHT WA				
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	e same premises no	w licensed;	
2. the licens	see has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the premi	ises are now open for bus	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corr	orate Officer		
	marviduai, i artiici oi	Authorized Corp	orate officer		
DATE:	TELEPHONE N	HIMDED.	EMPI OY	ER IDENTIFICAT	TION NUMBER:
	TELEFHONE I	NUMBER.		ndividual Social S	
Acts of 2004, signe	ed, attest that we are in ed by the building inspe- (2) the certificate of liq	ctor and the hea	d of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100400017		CITY OR TOWN	PROVINC	ETOWN
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	HONBETS THREE	, INC.			
DOING BUSINESS	A BAYSIDE BETSY	''S			
ADDRESS 177 CO	MMERCIAL ST.				
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: MEI	LAMED, STEVETYPI	E OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					1
ONE FLOOR, THREI I hereby certify and some services of the renew 2. the license	EE ROOMS, SITDOW swear under penalties of yed license will be of the see has complied with a ses are now open for b	ES: //N BAR. TWO EN of perjury that: ne same type for the all laws of the Con- ousiness (If not exp	e same premises now nmonwealth relating to plain below)	v licensed;	
DATE:	TELEPHONE	NUMBER:			CION NUMBER:
Acts of 2004, signe	d, attest that we are i d by the building insp (2) the certificate of l	ector and the he	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUM	MBER: 100400025		CITY OR TOWN	PROVINCETOWN
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: CROWN & ANG	CHOR INC		
DOING BUSIN	IESS A CROWN & AN	NCHOR		
ADDRESS 243	COMMERCIAL ST.			
CITY/TOWN:	PROVINCETOWN	STATE: MA	ZIP CODE:	02657
	MURRAY, T RICHARD I	YPE OF LICENSE: Innl	holder CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
W/2 BARS FRO	ONT CORT YARD. B. ND FLOOR RECEPTIO	TIO, RESTAURANT, B ASEMENT FOR STOR IN ROOM 18 GUEST F	AGE, WALK IN C	OOLERAND
I hereby certify	and swear under penalt	ies of perjury that:		
1. the r	enewed license will be	of the same type for the	same premises now	licensed;
			•	
		ith all laws of the Comm		taxes; and
		ith all laws of the Commor business (If not expla		taxes; and
	premises are now open f		ain below)	o taxes; and
3. the p	premises are now open f	For business (If not expla	ain below)	o taxes; and
3. the p	oremises are now open f Individual, Partr	For business (If not expla	nin below) orate Officer EMPLOYER	IDENTIFICATION NUMBER:
3. the part of SIGNED BY DATE: We the underst Acts of 2004, s	Individual, Parti TELEPHO	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	e certificate require	IDENTIFICATION NUMBER: ividual Social Security Number)
3. the part of SIGNED BY DATE: We the underst Acts of 2004, so named license	Individual, Partr TELEPHO signed, attest that we a signed by the building and (2) the certificate	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	e certificate required by C	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above
3. the part of SIGNED BY DATE: We the understant Acts of 2004, so named license of 2010. Please Check Below	Individual, Partr TELEPHO signed, attest that we a signed by the building and (2) the certificate	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	EMPLOYER (Note: NOT Index certificate required by the fire department of the fire departmen	IDENTIFICATION NUMBER: ividual Social Security Number) Ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
3. the part of SIGNED BY DATE: We the underst Acts of 2004, so named license of 2010. Please Check Below APPROVED:	Individual, Parti TELEPHO signed, attest that we a signed by the building and (2) the certificate	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	e certificate required by C	IDENTIFICATION NUMBER: ividual Social Security Number) Ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
3. the part of the second state of 2010. Please Check Below APPROVED: DISAPPROVE	Individual, Parti TELEPHO signed, attest that we a signed by the building and (2) the certificate	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	e certificate required by C	IDENTIFICATION NUMBER: ividual Social Security Number) Ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100400033		CITY OR TOWN	PROVINCETOWN	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	PHYLLIS E. SCH	LOSBERG			
DOING BUSINESS	A POST OFFICE R	RESTAURANT			
ADDRESS 303 COM	MMERCIAL ST.				
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER:	TY	PE OF LICENSE: R	estaurant C.	ATEGORY: All Alcoh	nol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
GROUND FLOOR; ADDITIONAL USE			PREP, STORAGE A CE/EXITS	T REAR.	
I hereby certify and s	swear under penaltie	s of perjury that:			
		* *	e same premises now		
	•		nmonwealth relating t	o taxes; and	
3. the premi	ses are now open for	business (If not exp	olain below)		
SIGNED BY					
SIGNED B I	Individual, Partner	r or Authorized Cor	oorate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	IDENTIFICATION NUMBI	ER:
			(Note: NOT Inc	ividual Social Security Numb	oer)
Acts of 2004, signed	d by the building in	spector and the he	ad of the fire depart	ed by Chapter 304 of t ment for the above Chapter 116 of the Ac	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)			·	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100400034		CITY	OR TOWN	PROVINC	ETOWN
APPLICATION FOR	RENEWAL:	Annual	unual LICENSED FOR 2013			013
		CLASS	S			YEAR
LICENSEE NAME:	DONALD EDWARD	S ENTERPR	ISES INC.			
DOING BUSINESS A	GOV. BRADFORD	REST.				
ADDRESS 312-14 CC	OMMERCIAL ST.					
CITY/TOWN: PROV	'INCETOWN	STATE:	MA ZI	IP CODE:	02657	
MANAGER: EDWA DONA	ARDS, TYPE LD RAY	OF LICENSI	E:Restaurant	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL ADD	PRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:				
TWO DINING AND I DINING ROOM, STO 10 TABLES, THREE	RAGE ROOM, ONE	SIDE ENTR	ANCE, PAT			
I hereby certify and sw	ear under penalties of	f perjury that:				
1. the renewed	l license will be of the	e same type fo	or the same p	oremises now	licensed;	
2. the licensee	has complied with al	l laws of the	Commonwea	alth relating	to taxes; and	
3. the premise	s are now open for bu	isiness (If not	explain belo	ow)		
SIGNED BY	Individual, Partner or	· Authorized (Corporate Of	fficer		
DATE:				EMBI OVE		TION NUMBER:
DITTE.	TELEPHONE	NUMBER:	(Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010. Please Check Below:	by the building inspe	ector and the	head of the insurance	e fire depart required by	ment for the Chapter 116	above of the Acts
APPROVED:			LOC By:	CAL LICEN	SING AUTH	ORITY
DISAPPROVED:			By.			
(If disapproved explain	1)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	100400038		CITY OR TOWN	PROVINC	ETOWN
APPLICATION FOR F	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (CLIPPER VENTUR	ES, INC.			
DOING BUSINESS A	THE SQUEALING	PIG			
ADDRESS 335 COMN	MERCIAL ST.				
CITY/TOWN: PROV	INCETOWN	STATE: M	A ZIP CODE:	02657	
MANAGER: O'NEIL	L, DERMOT TYPE	E OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					1
DESCRIPTION OF LIC 2 STORY BLDG.:BAR I hereby certify and swe 1. the renewed 2. the licensee 3. the premises	R AREA (KITCHEN ear under penalties of license will be of th	ES: (1) CELLAR FOR of perjury that: the same type for the laws of the Cousiness (If not expenses)	the same premises now ommonwealth relating explain below)	v licensed;	XIT.
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	TION NUMBER:
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building insp	ector and the h	ead of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 100400040		CITY OR TOWN	PROVINC	ETOWN
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSINES	E: NEW HOP, INC SS A MEWS RESTAU OMMERCIAL STREE				
	ROVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: PO		E OF LICENSE: Re			All Alcohol
		E OF LICENSE. Re	staurant C.	ATEOOKI.	All Alcohol
EMAIL ADDRES	PLEASE ALSO VISIT OUR WE	PROFEE AND ENTER VOLUE E	MAII ADDRESS		
DESCRIPTION C	OF LICENSED PREMIS		MAIL ADDRESS		
2 FLOORS: 1ST.	FL.: DINING ROOM, I TT DOWN BAR, OFFIC	KITCHEN, SERVIC	E BAR, PATIO. 2N	D. FL.: DINI	NG
2. the lice	ewed license will be of tensee has complied with mises are now open for	all laws of the Com	monwealth relating t		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
Acts of 2004, sign	ned, attest that we are ned by the building ins nd (2) the certificate of	pector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUM	IBER: 100400050		CITY OR TOWN	PROVINCE	ETOWN
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSIN	ME: SURF REST. INC. ESS A 15A COMMERCIAL ST.				
CITY/TOWN:	PROVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER:	ENOS, ROBERT TYPE	OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR F	EMAIL ADDRESS		
	OF LICENSED PREMISE			~	
	LOUNGE, STORAGE ROC		ENTRANCE/ EXIT	S	
-	and swear under penalties o			1: 4.	
	enewed license will be of the icensee has complied with a		=		
	premises are now open for but		•	o taxes, and	
	T	T			
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, s	igned, attest that we are in igned by the building insp and (2) the certificate of li	ector and the hea	d of the fire depart	ment for the	above
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved	·				
(11 uisappioved	capiaiii)				
DATE:					
APPLICATION FOR I	RENEWAL MUST BE FILED BY LICI	ENSEES DURING THE N	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 1	.00400053		CITY OR TOWN	PROVINC	ETOWN
APPLICATION FOR F	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: NOTICE NAME: NOTICE NAME: NOTICE NAME: NOTICE NAME: NOTICE NAME: NOTICE NAME: NAM		ERPRISES, INC.			
ADDRESS 7 FREEMA	AN ST.				
CITY/TOWN: PROV	INCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: DEREC	CK, ANTON TYPE (OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	; :			
2 FLRS: 1ST FLR; DIN DINING ROOM, STO		the state of the s			
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Com	nonwealth relating t	to taxes; and	
3. the premises	s are now open for bus	siness (If not expl	ain below)		
SIGNED BY					
]	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	NUMBER:			TON NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building inspec	ctor and the head	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	1		By:		
DISAPPROVED: (If disapproved explain)				
(11 disapproved explain	,				
DATE:			-		
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 100400054		CITY OR TOWN	PROVINC	ETOWN
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
DOING BUSINE	ME: LEWIS A. YOUN ESS A VFW CLUB	G VFW POST #31	52 INC.		
	ROME SMITH ROAD	CTATE. MA	ZID CODE	02657	
	PROVINCETOWN	STATE: MA		02657	
MANAGER: S	Scoullar, Richard TY	PE OF LICENSE: (Club C	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR W OF LICENSED PREMI F VFW HALL. BAR AR KITS.	SES:		Y HALL. TW	/O
2. the lie	newed license will be of censee has complied with remises are now open for	all laws of the Co	nmonwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	IE NUMBER:			CION NUMBER:
Acts of 2004, sig	gned, attest that we are gned by the building in and (2) the certificate of	spector and the he	ad of the fire depart	ment for the	above
Please Check Below APPROVED: [DISAPPROVED] (If disapproved e	D:		LOCAL LICEN: By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400055		CITY OR TOWN	PROVINCI	ETOWN
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: LUSTER-PACKAR	D, INC.			
DOING BUSINESS A CIRO & SALS				
ADDRESS 4 KILEY COURT				
CITY/TOWN: PROVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: LUSTER, LARRY TYPI	E OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISITHREE STORY, FRAME BLDG., CELLA I hereby certify and swear under penalties of the certify and swear under penalties of the certify and swear under penalties of the certification of the cer	ES: AR AND ONE STO of perjury that: the same type for the all laws of the Compusiness (If not expl	e same premises now monwealth relating to ain below)	licensed;	
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.	pector and the head	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 1004000	57	CITY OR TOWN PRO	JVINCETOWN
APPLICATION FOR RENEW	AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: ALLSTR	UM, INC		
DOING BUSINESS A ATLAN	TIC HOUSE		
ADDRESS 0004-6 MASONIC	PLACE		
CITY/TOWN: PROVINCETO	OWN STATE: MA	ZIP CODE: 020	657
MANAGER: PITZNER, APR CABRAL	RIL TYPE OF LICENSE: I	nnholder CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
1ST FLR. BIG ROOM, LOBBY UNDER BAR FOR STORAGE 3RD FLR; 7 HOTEL ROOMS,	. 2ND FLR; CARRIAGE RO		
I hereby certify and swear under	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licen	sed;
2. the licensee has com	plied with all laws of the Cor	nmonwealth relating to taxe	es; and
3. the premises are now	open for business (If not exp	plain below)	
SIGNED BY Individua	al, Partner or Authorized Cor	porate Officer	
DATE: TE	LEPHONE NUMBER:		VTIFICATION NUMBER:
		(Note: NOT Individua	l Social Security Number)
We the undersigned, attest th Acts of 2004, signed by the bunamed license and (2) the cer of 2010.	ilding inspector and the he	ad of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
			
DATE:			



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LICENSE NUM	IBER: 100400058		CITY OR TOWN	PROVINCETOWN
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: 698 COMME	RCIAL ST SERVERS	S, LLC	
DOING BUSIN	IESS A WHALER'S	LOUNGE AND CAL	BANA BAR	
ADDRESS 698	COMMERCIAL ST	REET		
CITY/TOWN:	PROVINCETOWN	STATE: N	AA ZIP CODE:	02657
	MANANGAS, STEPHANIE	TYPE OF LICENSE	E:Innholder C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
DESCRIPTION	PLEASE ALSO VISIT OF LICENSED PR	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
			R. RESTAURANT OF	FICE BLDG &
LOUNGE, POO		E, 3 ENTRANCE/EX	ITS ON BOTH STREE	
I hereby certify	and swear under pen	alties of perjury that:		
1. the r	enewed license will b	be of the same type for	r the same premises now	licensed;
2. the 1	icensee has complied	with all laws of the C	Commonwealth relating t	o taxes; and
3. the p	premises are now ope	n for business (If not	explain below)	
SIGNED BY	Individual, Pa	urtner or Authorized C	Corporate Officer	
	Individual, Pa	urtner or Authorized C		
SIGNED BY DATE:		urtner or Authorized C	EMPLOYE	R IDENTIFICATION NUMBER:
			EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
DATE: We the understacts of 2004, s	TELEP signed, attest that w igned by the buildir	HONE NUMBER: e are in possession (1 ng inspector and the	EMPLOYEI (Note: <u>NOT</u> Inc) the certificate requir head of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
DATE: We the unders Acts of 2004, snamed license	TELEP signed, attest that w igned by the buildin and (2) the certifica	HONE NUMBER: e are in possession (1 ng inspector and the	EMPLOYEI (Note: NOT Inc.) The certificate required by insurance required by	ed by Chapter 304 of the ment for the above
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below APPROVED:	TELEP signed, attest that wing igned by the building and (2) the certification.	HONE NUMBER: e are in possession (1 ng inspector and the	EMPLOYEI (Note: NOT Inc.) The certificate required by insurance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the unders Acts of 2004, so named license of 2010. Please Check Below APPROVED: DISAPPROVE	TELEP signed, attest that we igned by the building and (2) the certificate.	HONE NUMBER: e are in possession (1 ng inspector and the	EMPLOYEI (Note: NOT Ind.) I) the certificate required head of the fire departed by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below APPROVED:	TELEP signed, attest that we igned by the building and (2) the certificate.	HONE NUMBER: e are in possession (1 ng inspector and the	EMPLOYEI (Note: NOT Ind.) I) the certificate required head of the fire departed by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the unders Acts of 2004, so named license of 2010. Please Check Below APPROVED: DISAPPROVE	TELEP signed, attest that we igned by the building and (2) the certificate.	HONE NUMBER: e are in possession (1 ng inspector and the	EMPLOYEI (Note: NOT Ind.) I) the certificate required head of the fire departed by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400067		CITY OR TOWN	PROVINCI	ETOWN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013)13
	CLASS			YEAR
LICENSEE NAME: GULLCREST,INC				
DOING BUSINESS A PENNIES WINE A	ND SPIRITS			
ADDRESS 68 SHANK PAINTER ROAD				
CITY/TOWN: PROVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: SILVA, CHARLES TYPE	OF LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE RETAIL SPACE FIRST FLOOR AREA CO I hereby certify and swear under penalties o 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for be	ONTAINING 3500 of perjury that: e same type for the ll laws of the Comm	same premises now	licensed;	EEXIT.
SIGNED BY Individual, Partner o	r Authorized Corpo	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100400068		CITY OR TOWN	PROVINCI	ETOWN
APPLICATION FOR I	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	YARDARM LIQUORS	S, INC.			
DOING BUSINESS A					
ADDRESS 38 CONW	ELL STREET				
CITY/TOWN: PROV	INCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: GAINE M	Y, JEANNIE TYPE C	F LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		ı
DESCRIPTION OF LI	CENSED PREMISES:				
ONE ROOM FOR DIS BASEMENT FOR STO		REMAINDER O	F BLDG, INCLUDI	NG PARTIA	L
	has complied with all less are now open for busing		_	taxes; and	
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:	1		LOCAL LICENS By:	ING AUTHO	DRITY
DISAPPROVED: [(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400069		CITY OR TOWN	PROVINCETOWN
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WEST END PER	RRY'S, LLC		
DOING BUSINESS A PERRY'S WIN	E & LIQUORS		
ADDRESS 1 TREMONT ST			
CITY/TOWN: PROVINCETOWN	STATE: MA	ZIP CODE:	02657
MANAGER: FIELDING, THOMAS W.	YPE OF LICENSE: Pac	ekage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
SINGLE STORY FRAME, APPROX. 2 ENTRANCE/EXITS	2000 SQ. FT. WITH B.	ASEMENT, FRONT	AND REAR
2. the licensee has complied wi 3. the premises are now open for SIGNED BY	or business (If not expla	ain below)	o taxes; and
Individual, Partne	er or Authorized Corpo	orate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400072	CITY OR TOWN PROVINCETOWN
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: BIG VIN'S LIQUOR, INC.	
DOING BUSINESS A BIG VIN'S LIQUOR	
ADDRESS 248 COMMERCIAL ST	
CITY/TOWN: PROVINCETOWN STATE:	MA ZIP CODE: 02657
MANAGER: DUARTE, TYPE OF LICENS. VINCENT A.	E:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR RETAIL SPACE WITH ONE ENTRAN STORAGE ROOM	CE AND ONE EXIT, ONE COOLER, ONE
2. the licensee has complied with all laws of the and the premises are now open for business (If not SIGNED BY Individual, Partner or Authorized and Partner or Authoriz	explain below)
murvidual, Farther of Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUMBE	R: 100400078		CITY OR TOWN	PROVINC	ETOWN
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: Jabong Enterprises, Inc	:			
DOING BUSINESS	A Jimmy's Hideaway				
ADDRESS 179 CO	MMERCIAL STREET				
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: McN	Nulty, James TYPE C	OF LICENSE: Re	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISES:				
TWO STORY BUIL ENTRANCE AND	LDING- CELLAR TWO I TWO EXITS.	DINING ROOM	S/ WITH BAR, KI	TCHEN, DEC	CK. ONE
I hereby certify and	swear under penalties of p	perjury that:			
1. the renev	wed license will be of the s	same type for the	e same premises nov	w licensed;	
2. the licens	see has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the prem	ises are now open for busi	iness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT In	ndividual Social S	ecurity Number)
We the undersigne	ed, attest that we are in p	oossession (1) th	ne certificate requi	red by Chapt	er 304 of the
Acts of 2004, signe	ed by the building inspec	tor and the hea	d of the fire depar	tment for the	above
of 2010.	(2) the certificate of liqu	ior nability inst	irance required by	Chapter 116	o of the Acts
Please Check Below:			LOCAL LICEN	SING AUTU) DITV
APPROVED:			By:	SING AUTH	JKII I
DISAPPROVED:			3 ·		
(If disapproved expl	ain)				
			-		
DATE:					
	WAL MUST BE FILED BY LICEN:	SEES DUDING THE A	MONTH OF NOVEMBER (MGI Ch 120 ° 14	54)
ALLECATION FOR KENE	MAL MUST DE FILED DI LICEN	PERS DOVING THE IV	TOTALLE OF MOVEMBER (1v1.U.L. UII. 130 \$ 10	un,



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LICENSE NUMBER: 10040008	88	CITY OR TOWN P	ROVINCETOWN
APPLICATION FOR RENEWA	AL: Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: KNIGHT #2476,IN	S OF COLUMBUS-WALT C	ER WELSH COUNCIL	
DOING BUSINESS A			
ADDRESS 00277A COMMERC	CIAL STREET		
CITY/TOWN: PROVINCETO	WN STATE: MA	ZIP CODE:)2657
MANAGER: ADAMS,KERR LUKE	Y TYPE OF LICENSE:	Club CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
2ND. FL. OF WOOD FRAME I ROOM. MAIN ENTRANCE EA			
3. the premises are now SIGNED BY	open for business (If not ex	plain below)	ixes; and
Individua	l, Partner or Authorized Co	porate Officer	
DATE: TEI	LEPHONE NUMBER:		ENTIFICATION NUMBER: lual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the h	ead of the fire departmen	nt for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	G AUTHORITY



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LICENSE NUMBEI	R: 100400089		CITY OR TOWN	PROVINCI	ETOWN
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 212 BRA	A EAST END MA				
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: PAS	NICK, GARY TY	PE OF LICENSE:Pa	ckage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
FIRST FLOOR- ON	E STORAGE ROO	M, TOTAL DIMENS	IONS OF STORE 6	59X30 (200 S 0	Q. FT.)
3. the premi		r business (If not explored corporate or Authorized Corp			
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE: APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE N	10NTH OF NOVEMBER (1	M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER	C : 100400109		CITY OR TOWN P	ROVINCETOWN
APPLICATION FO	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	GEORGE KRANIO	OTAKIS		
DOING BUSINESS	A GEORGE'S PIZZ	A		
ADDRESS 275 COM	MMERCIAL ST			
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:)2657
	ANIOTAKIS, TYP PRGE	PE OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	LICENSED PREMIS			
	ERRACE ON STREE EENTRANCE AND		N FOR FOOD PREP;	FRONT AND
	ses are now open for	business (If not expla		ixes; and
DATE:	TELEPHON	E NUMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
			(Note: NOT Individ	lual Social Security Number)
Acts of 2004, signe	d by the building ins	pector and the head	of the fire departmen	by Chapter 304 of the nt for the above apter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	ain)			
(11 disappioved expir	,			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400120		CITY OR TOWN	PROVINCI	ETOWN
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: INGREDIENTS,	INC.			
DOING BUSINESS A ANGEL FOOD	S			
ADDRESS 467 COMMERCIAL ST				
CITY/TOWN: PROVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: LOVATI, TY	YPE OF LICENSE: Pack	cage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		I
DESCRIPTION OF LICENSED PREM	IISES:			
2000 SQ FT OF RETAIL SPACE LOC COMMERCIAL ST AND ONE ENTRA				XIT ON
2. the licensee has complied wi 3. the premises are now open for SIGNED BY Individual, Partner		n below)	taxes, and	
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMB	ER: 100400123		CITY OR TO	OWN PROVINC	ETOWN
APPLICATION F	OR RENEWAL:	Annual	Ll	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAMI	E: BACKSTREET	Γ HOTEL INC.			
DOING BUSINES	SS A GIFFORD HO	OUSE INN			
ADDRESS 11 CA	RVER STREET				
CITY/TOWN: PI	ROVINCETOWN	STATE: N	IA ZIP COD	E: 02657	
	REISAL, REGORY D.	TYPE OF LICENSE	:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
	F LICENSED PRE				
		DINING RM. PATIO E: 11 CARVER ST. E			
I hereby certify and	d swear under penal	lties of perjury that:			
1. the rene	ewed license will be	e of the same type for	the same premises	s now licensed;	
2. the lice	nsee has complied v	with all laws of the C	ommonwealth rela	ting to taxes; and	
3. the prei	mises are now open	for business (If not e	explain below)		
SIGNED BY	Individual Par	tner or Authorized C	ornorate Officer		
	marviauai, i ai	ther of Authorized C	orporate Officer		
DATE:	ТЕІ ЕРЦ	IONE NUMBER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETI	IONE NUMBER.	(Note: <u>N(</u>	<u>OT</u> Individual Social S	Security Number)
Acts of 2004, sign	ned by the building	are in possession (1 g inspector and the l e of liquor liability i	nead of the fire de	partment for the	above
Please Check Below:			LOCAL LIG	CENSING AUTH	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	plaın)				
DATE:					



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LICENSE NUMBE	R: 100400126		CITY	OR TOWN	1 PROVINC	CETOWN
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	FANIZZI,INC.					
DOING BUSINESS	A FANIZZI BY	THE SEA				
ADDRESS 539 CC	MMERCIAL					
CITY/TOWN: PRO	OVINCETOWN	STATE: M	A ZI	P CODE:	02657	
MANAGER: FAN	NIZZI, PAUL T	ΓΥΡΕ OF LICENSE:	Restaurant	(CATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	JR EMAIL ADD	RESS		
DESCRIPTION OF						
		O, KITCHEN, 2 BAT 4 ENTRANCES & 5		FFICE & S	STOREROON	MON 1ST,
I hereby certify and	swear under penal	ties of perjury that:				
1. the renev	ved license will be	of the same type for	the same p	remises no	w licensed;	
2. the licens	see has complied w	with all laws of the Co	ommonwea	lth relating	to taxes; and	
3. the prem	ises are now open	for business (If not e	xplain belo	w)		
SIGNED BY	Individual Part	tner or Authorized Co	ornorate Of	ficer		
	marviadar, i art	ner of Authorized Co	прогисе от	neer		
DATE:	TELEDIA	ONE NUMBER:		EMPLOYI	ER IDENTIFICA	TION NUMBER:
	TELEFTI	ONE NUMBER.	(1			Security Number)
***	1 44 4 41 4	. (1)	.41 .446	. , .	11 61	204 64
		are in possession (1) ginspector and the h				
named license and of 2010.	(2) the certificate	e of liquor liability in	nsurance r	required by	y Chapter 11	6 of the Acts
Please Check Below:			LOC	AL LICEN	ISING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aın)					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED F	BY LICENSEES DURING TH	IE MONTH OF	NOVEMBER ((M.G.L. Ch. 138 \$ 1	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100400128		CITY O	R TOWN	PROVINCE	ETOWN
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	THE RED INN AT F	PROVINCETO	OWN, INC.			
DOING BUSINESS	A THE RED INN					
ADDRESS 15 COM	IMERCIAL ST.					
CITY/TOWN: PRO	OVINCETOWN	STATE: N	MA ZIP	CODE:	02657	
MANAGER: SILV	VA, DAVID TYPE	OF LICENSE	E:Innholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	OUR EMAIL ADDRE	SS		
DESCRIPTION OF	LICENSED PREMISE	S:				
ENTRANCES/ EXI	4SEATS, 1 KITCHEN, TS, 8 GUEST RMS. & CONTIGUOUS PATI	THE FOYER				
I hereby certify and	swear under penalties o	f perjury that:				
	ved license will be of the		_			
	see has complied with a			•	taxes; and	
3. the premi	ises are now open for bu	usiness (If not	explain below	")		
SIGNED BY	Individual, Partner of	r Authorized C	Corporate Offi	cer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			(No	ote: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building insp (2) the certificate of li	ector and the	head of the fi	ire departn	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	a111 <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100400134		CITY OR TOWN	PROVINCET	OWN
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013	3
		CLASS		Y.	EAR
LICENSEE NAME: DOING BUSINESS	A	VN THEATER FOU	NDATION INC.		
ADDRESS 238 BRA					
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: Lame	erson, Patrick T	YPE OF LICENSE: C	General on Coremise	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_	
DESCRIPTION OF I					
ALCOHOL SERVICE BRING FOOD AND					MAY
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	ne same premises nov	v licensed;	
2. the license	ee has complied wi	ith all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premis	ses are now open for	or business (If not ex	plain below)		
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATIO	
Acts of 2004, signed	d by the building i	inspector and the he	the certificate requinated of the fire depart and of the fire depart	ment for the al	oove
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain]			LOCAL LICEN By:	SING AUTHOR	RITY
(II disapproved expla	1111)				
(II disapproved expra	uii)				



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LICENSE NU	MBER: 100400136		CITY OR TOWN	PROVINCETOWN
APPLICATIO	ON FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: PROVINCETO	OWN CINEMA CO., INC	C.	
DOING BUSI	INESS A			
ADDRESS 21	12 -214 COMMERCIA	L STREET		
CITY/TOWN	: PROVINCETOWN	STATE: MA	ZIP CODE:	02657
MANAGER:	DE RUYTER, BENJAMIN	TYPE OF LICENSE: Ge	neral on C.	ATEGORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	ON OF LICENSED PRI	EMISES:		
BRING FOOI	O AND BEVERAGES	TICE BAR: WITHOUT V TO THEIR SEATS WIT TICTED TO SALL ROPE	HIN THEATER, LO	OBBY AND
I hereby certif	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises now	licensed;
2. the	licensee has complied	with all laws of the Com	monwealth relating t	o taxes; and
3. the	premises are now open	n for business (If not expl	ain below)	
SIGNED BY		rtner or Authorized Corpo	orate Officer	
DATE:				
DATE.	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(Note: 1101 III)	iividuai sociai security Number)
Acts of 2004,	, signed by the buildin	g inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Bel	low:		LOCAL LICENS	SING AUTHORITY
APPROVED:			Ву:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 100400137		CITY OR TOWN PROVIN	CETOWN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: CROWNE POI NESS A CROWNE PO			
ADDRESS 78	BRADFORD ST			
CITY/TOWN:	PROVINCETOWN	STATE: MA	ZIP CODE: 02657	
MANAGER:	WALTER, THOMAS J.	ΓΥΡΕ OF LICENSE: Int	nholder CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
		UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PRE NE AND TWO AND 4			
				<u> </u>
				_
	premises are now open	for business (If not expl		u
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	g inspector and the hea	ne certificate required by Cha d of the fire department for the arance required by Chapter 1	ne above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100	0400138	(CITY OR TOWN	PROVINCE	ETOWN
APPLICATION FOR RE	NEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: FA	RLAND, INC				
DOING BUSINESS A F.	ARLAND PROVISION	S			
ADDRESS 150 BRADFO	ORD ST				
CITY/TOWN: PROVIN	ICETOWN STA	ATE: MA	ZIP CODE:	02657	
MANAGER: THOMAS BOLAND		ICENSE: Pack	tage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITE ANI	DENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES:				
2800 SQ. FQ. & 1 RETAL BRADFORD ST. AND C					
	as complied with all laws re now open for business		_	taxes; and	
	dividual, Partner or Auth	orized Corpor	ate Officer		
DATE:	TELEPHONE NUM	BER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	00400142		CITY OR TO	OWN PROVINC	CETOWN
APPLICATION FOR R	ENEWAL:	Annual	Ll	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: P	ILGRIM HEIGHTS	S, LLC			
DOING BUSINESS A	SAGE INN AND L	OUNGE			
ADDRESS 336 COMM	ERCIAL STREET				
CITY/TOWN: PROVI	NCETOWN	STATE: MA	ZIP COD	E: 02657	
MANAGER: DICARI	LO, DIANE TYPE	OF LICENSE: Inn	holder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LIC					
1ST FL; GUEST RM & FL; CONFERENCE RM					
STORAGE.					
I hereby certify and swe	ar under penalties o	f perjury that:			•
•	license will be of the		same premises	s now licensed;	
2. the licensee h	nas complied with al	ll laws of the Comr	nonwealth rela	ting to taxes; and	
3. the premises	are now open for bu	usiness (If not expla	ain below)		
SIGNED BY	ndividual, Partner or	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPI	OYER IDENTIFICA	TION NUMBER:
			(Note: <u>N(</u>	<u>OT</u> Individual Social	Security Number)
We the undersigned, a	ittest that we are ir	nossession (1) the	e certificate re	equired by Chan	ter 304 of the
Acts of 2004, signed by	y the building inspe	ector and the head	d of the fire de	epartment for the	e above
named license and (2) of 2010.	the certificate of li	quor liability insu	rance require	d by Chapter 11	6 of the Acts
Please Check Below:			LOCALLI	CENSING AUTH	IODITV
APPROVED:			By:	CENSING ACTI	IORIT I
DISAPPROVED:			— J ·		
(If disapproved explain)					
DATE:					
DILLE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400144		CITY OR TOWN	PROVINCE	ETOWN
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: COMBO INC.				
DOING BUSINESS A GLASS HALF FUI	L			
ADDRESS 191 COMMERCIAL STREET				
CITY/TOWN: PROVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: YINGLING, TYPE GUILLERMO	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		ı
DESCRIPTION OF LICENSED PREMISE	ES:			
900 SF RACKS, BEVERAGE COOLERS I REGISTER IN FRONT, STORAGE IN RE			OOR. CASH	
 the renewed license will be of th the licensee has complied with a the premises are now open for be 	ll laws of the Com	monwealth relating to		
SIGNED BY Individual, Partner o	r Authorized Corp	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER: 1	100400145		CITY OR TOWN	PROVINC	ETOWN
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	RUBARB,INC.				
DOING BUSINESS A	CHACH				
ADDRESS 73 SHANK	A PAINTER ROAD				
CITY/TOWN: PROV	INCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: BRISE D.	NO, VIOLA TYPE	OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
2 DINING ROOMS,1 ' EGRESS FROM DINI					
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the	e same premises now	licensed;	
2. the licensee	has complied with al	ll laws of the Com	monwealth relating t	to taxes; and	
3. the premises	s are now open for bu	usiness (If not exp	lain below)		
SIGNED BY					
]	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYEI	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned, Acts of 2004, signed k named license and (2) of 2010.	y the building insp	ector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	.)				
DATE:					
DAIE.					



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LICENSE NUMBE	R: 100400148		CITY OR TOWN	PROVINCE	ETOWN
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BRASS KEY HOSPITA	ALITY GROUP	LLC		
DOING BUSINESS	A SHIPWRECK LOUNG	GE			
ADDRESS 67 BRA	DFORD				
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE:	02657	
MANAGER: WAI	LTER,THOMASTYPE O	F LICENSE: Inr	holder Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISES:				
	IR DINING/SEATING AI ESTS LOCATEDIN CON				
I hereby certify and	swear under penalties of p	erjury that:			
1. the renew	ved license will be of the sa	ame type for the	same premises now	licensed;	
2. the licens	see has complied with all la	aws of the Com	nonwealth relating to	o taxes; and	
3. the premi	ises are now open for busing	ness (If not expl	ain below)		
SIGNED BY			0.00		
	Individual, Partner or A	authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHONE NU	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
			(1.000) <u>2.002</u> Inc	iividuai bociai bo	cearity (variioer)
Acts of 2004, signe	ed, attest that we are in p d by the building inspect (2) the certificate of liqu	or and the hea	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					



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LICENSE NUMBER:	100400150		CITY OR TOWN	N PROVINC	ETOWN
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 386 COM	THE WATERFORI				
CITY/TOWN: PROV		STATE: MA	ZIP CODE:	02657	
MANAGER: GORD		OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
1ST FL. KITCHEN D DECK DINING,MAN ENTRANCES AND T	AGER'S APT & STO				J PPER
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for th	e same premises no	w licensed;	
2. the licensee	has complied with al	ll laws of the Con	monwealth relating	to taxes; and	
3. the premise	s are now open for bu	usiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT)	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed a named license and (2 of 2010.	by the building inspe	ector and the hea	d of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:			-		
DALL.					



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LICENSE NUMBER: 1()0400159		CITY OR TOWN PROVINCETOWN			
APPLICATION FOR RI	ENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: B	LER INC					
DOING BUSINESS A	THE UNDERGROU	JND				
ADDRESS 293 COMER	RCIAL STREET					
CITY/TOWN: PROVI	NCETOWN	STATE: MA	ZIP CODE:	02657		
MANAGER: LYMBE LACEY	RTOS, TYPE	OF LICENSE: Ger	neral on mise	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS		_	
DESCRIPTION OF LIC	ENSED PREMISES	S:				
BASEMENT LEVEL U UTILITY CLOSET, TH OF EGRESS ON WEST	REE STORAGE AI	REAS, AND ONE				
I hereby certify and swea	ar under penalties of	perjury that:				
1. the renewed l	icense will be of the	same type for the	same premises no	w licensed;		
2. the licensee h	nas complied with all	l laws of the Comr	nonwealth relating	g to taxes; and		
3. the premises	are now open for bu	siness (If not expla	ain below)			
SIGNED BY	ali ila Dagasa	A 41-2-1-1-C-22	000			
Ir	ndividual, Partner or	Authorized Corpo	orate Officer			
DATE:	TELEDITORE	AU IA ADED.	EMPI OV	ER IDENTIFICAT	TON NUMBER:	
51112.	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
					•	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building inspe	ector and the head	l of the fire depar	rtment for the	above	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:			•			
(If disapproved explain)						
DATE:			-			
DAIE:						



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LICENSE NUMBE	K: 100400161		CITY OR TOWN PROVINC	LEIUWN	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013	
		CLASS		YEAR	
LICENSEE NAME:	: COFFEE POT AND	O MORE,INC.			
DOING BUSINESS	A COFFEE POT				
ADDRESS 315 CO	MMERCIAL STREET	Γ			
CITY/TOWN: PRO	OVINCETOWN	STATE: MA	ZIP CODE: 02657		
MANAGER: VIT	AL,LINDA TYP	E OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
	LICENSED PREMIS				
RESTAURANT WI FROM THE BACK		MAIN ENTRANCE	S FROM LOPES SQUARE AN	ND TWO	
I hereby certify and	swear under penalties	of perjury that:			
•	•		same premises now licensed;		
2. the licens	see has complied with	all laws of the Comm	nonwealth relating to taxes; and		
3. the prem	ises are now open for b	business (If not expla	in below)		
SIGNED BY					
5101,22 51	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social	Security Number)	
Acts of 2004, signe	ed by the building ins	pector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 11	e above	
Please Check Below:			LOCAL LICENSING AUTH	IORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					